## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

1504-0059

| CLAIMS AS FILED - PART I (Column 1)                      |                                                                                       |                                           |                 |                               |                       | mn 2)            |    | SMALL ENTITY TYPE  |                        |    | OTHER THAN OR SMALL ENTITY |                        |
|----------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|-----------------|-------------------------------|-----------------------|------------------|----|--------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS                                             |                                                                                       |                                           | 19              |                               | ,                     |                  |    | RATE               | FEE                    | 1  | RATE                       | FEE                    |
| FO                                                       | R                                                                                     |                                           | NUMBER FILED    |                               | NUMBER EXTRA          |                  |    | BASIC FEE          | 355.00                 | OR | BASIC FEE                  | 710.00                 |
| то                                                       | TAL CHARGEA                                                                           | BLE CLAIMS                                | Minus 20=       |                               | • Ő                   |                  |    | X\$ 9=             |                        | OR | X\$18=                     |                        |
| IND                                                      | EPENDENT CL                                                                           | AIMS                                      | 3 minus 3 =     |                               | • 0                   |                  | ı  | X40=               |                        | OR | X80=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                         |                                                                                       |                                           |                 |                               | gir el es jero        |                  | ı  | +135=              |                        | OR | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter |                                                                                       |                                           |                 |                               |                       | olumn 2          | L  | TOTAL              |                        | OR | TOTAL                      | 710                    |
| CLAIMS AS AMENDED (Column 1)                             |                                                                                       |                                           |                 |                               | (Column 2) (Column 3) |                  |    | SMALL I            | ENTITY                 | OR | OTHER<br>SMALL             | THAN                   |
| AMENDMENT A                                              |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY          | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                          | Total                                                                                 | *                                         | Minus           | **                            |                       | =                |    | X\$ 9=             |                        | OR | X\$18=                     |                        |
|                                                          | Independent                                                                           | *                                         | Minus           | ***                           | - OL A IN 4           | -                |    | X40=               |                        | OR | X80=                       |                        |
|                                                          | FIRST PRESE                                                                           | NTATION OF MU                             | JLTIPLE DEP     | ENDEN                         | CLAIM                 |                  |    | +135=              |                        | OR | +270=                      |                        |
|                                                          |                                                                                       |                                           |                 |                               |                       |                  |    | TOTAL<br>DDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|                                                          | Λ.                                                                                    |                                           |                 |                               |                       |                  |    |                    |                        |    |                            |                        |
| AMENDMENT B                                              | ah ji                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY          | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                          | Total                                                                                 | *                                         | Minus           | **                            |                       | =                |    | X\$ 9=             |                        | OR | X\$18=                     |                        |
|                                                          | Independent                                                                           | *                                         | Minus           | ***                           | CLAIM                 | =                |    | X40=               |                        | OR | X80=                       |                        |
|                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                           |                 |                               |                       |                  |    |                    |                        | OR | +270=                      |                        |
|                                                          |                                                                                       |                                           |                 |                               |                       |                  |    | TOTAL<br>DDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|                                                          |                                                                                       |                                           |                 |                               |                       |                  |    |                    |                        |    |                            |                        |
| AMENDMENT C                                              |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 2               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY          | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                          | Total                                                                                 | •                                         | Minus           | **                            | -                     | =                |    | X\$ 9=             |                        | OR | X\$18=                     |                        |
|                                                          | Independent                                                                           | *                                         | Minus           | ***                           |                       | =                |    | X40=               |                        | OR | X80=                       |                        |
| Ĺ                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT                                              |                                           |                 |                               |                       |                  | ╿┞ | +135=              |                        |    |                            |                        |
| •                                                        | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                 |                               |                       |                  |    |                    |                        | OR | +270=<br>TOTAL             |                        |
| ***                                                      | If the "Highest Nu                                                                    | mber Previously Pa<br>mber Previously Pa  | aid For" IN THI | S SPACE                       | is less tha           | ın 3, enter "3." | ^  | TOTAL<br>DDIT. FEE | ropristo bo            |    | ADDIT. FEE                 | <del></del>            |